

**BIOLOGICAL SCIENCES GRADUATE PROGRAM (BISI) - REPORT ON PRELIMINARY MEETING**

(One copy to the student, original for student file.)

**Student name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Concentration Area** (circle one): BEES CBBG MOCB PSYS

*This is not an exam, but rather a chance for the committee to provide feedback to the student prior to the qualifying exam.*

**FEEDBACK:**

*Please provide the student with feedback (strengths and weaknesses; constructive suggestions for improvements) on the research project, the written proposal, and the oral presentation.*

**AREAS OF SPECIALIZATION**

*Please choose 3-5 areas of specialization (level of breadth at the discretion of the committee) that will be focal topics for questioning at the Qualifying Exam. Topics directly pertaining to the student's research proposal will also be appropriate lines of questioning during the Qualifying Exam, as will general knowledge areas drawn from the student's graduate course work*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Behavior                   | <input type="checkbox"/> Genomics              | <input type="checkbox"/> Plant Physiology     |
| <input type="checkbox"/> Ecology                    | <input type="checkbox"/> Computational Biology | <input type="checkbox"/> Microbial Physiology |
| <input type="checkbox"/> Evolution                  | <input type="checkbox"/> Neuroethology         | <input type="checkbox"/> Endocrinology        |
| <input type="checkbox"/> Systematics                | <input type="checkbox"/> Neurophysiology       | <input type="checkbox"/> Molecular Evolution  |
| <input type="checkbox"/> Plant Biology              | <input type="checkbox"/> Biophysics            | <input type="checkbox"/> Behavioral Ecology   |
| <input type="checkbox"/> Virology                   | <input type="checkbox"/> Animal Behavior       | <input type="checkbox"/> Population Genomics  |
| <input type="checkbox"/> Microbiology               | <input type="checkbox"/> Molecular Genetics    | <input type="checkbox"/> Theoretical Ecology  |
| <input type="checkbox"/> Host Pathogen Interactions | <input type="checkbox"/> Immunology            | <input type="checkbox"/> Enzymology           |
| <input type="checkbox"/> Genetics                   | <input type="checkbox"/> Mammalian Physiology  | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Cell Biology               |  | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Bioinformatics             |  |   |

**DATE FOR QUALIFYING EXAM:** \_\_\_\_\_

(Typically 2-3 months after preliminary exam)

Signed: \_\_\_\_\_  
Advisor or Chair of Committee

\_\_\_\_\_  
Student

-----FOR OFFICE USE ONLY-----

Received by (initials) \_\_\_\_\_ Entered into database (date) \_\_\_\_\_